

03

What makes a difference



**Evaluation of
Fulfilling Lives:**
Supporting
people with
multiple needs

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This is the third in a series of briefings on multiple needs, drawing on data and insight from the National Lottery Community Fund's Fulfilling Lives: Supporting people with multiple needs programme. Multiple needs is defined as experience of two or more of homelessness, substance misuse, reoffending and mental ill-health. The statistics are based on data from between approximately 600 and nearly 3,000 people, collected during their first year getting help from the Fulfilling Lives programme. This information provides a unique and valuable addition to the evidence base on multiple needs. Further information, including data tables, can be found in the accompanying method notes.

Key messages

- Too often people with multiple needs are denied the support they need. They may be labelled as too high risk to work with, 'hard to reach' or the extreme poverty and difficulties people find themselves in may be viewed as 'lifestyle choices'. Fulfilling Lives shows that it is possible to engage with and help those with the most complex and entrenched needs.
- What is more, those with the most complex and entrenched needs make the most progress. It appears that the type of support provided by Fulfilling Lives is effective in addressing immediate chaos and helping to reduce risky and negative behaviours.
- Key to the Fulfilling Lives approach is the person-centred and individualised help provided. This is vital as people's pathways of progress and recovery are different. Relapses and set-backs are part of this pathway. It is essential that services acknowledge and accommodate this reality rather than punish it by excluding people or closing cases. Some people will take longer than others to make progress.
- Once superficial and presenting issues are addressed, the journey towards self-reliance and a fulfilling life is a long-term endeavour. Short-term, time-limited services are unlikely to provide the help needed.
- Gender-specific services are needed to meet the particular needs of women. While Fulfilling Lives is effective at engaging women, they are more likely than men to leave the programme with a negative rather than positive destination. Generic services (which may have been designed around the needs of men) do not appear to be effective for women.

- **Getting specialist help with substance misuse and counselling/therapy are linked to early improvements in beneficiary wellbeing. Yet, relatively few people get this type of service. Improving access to mental health and substance misuse support for people with multiple needs should be a priority.**

What do we mean by multiple needs and why does it matter?

The Fulfilling Lives programme defines multiple needs as experience of two or more of homelessness, offending, substance misuse and mental ill-health. As we showed in the first briefing in this series, lack of effective support for this group results in substantial costs to the public purse, serious social and economic impacts and a tragic waste of human life. Our second briefing explored the characteristics of people with multiple needs. Over half of Fulfilling Lives beneficiaries experience all four of the defining needs. Nearly all have experienced at least three.¹ Combined substance misuse and poor mental health are particularly prevalent – 90 per cent of Fulfilling Lives beneficiaries experience both.² Individually these are challenging issues; together they create a level of complexity that can be difficult to address.

We have identified six broad groups of beneficiaries to help understand some of the diversity of people with multiple needs. There is a reminder of these groups on pages 20 and 21. See briefing 2: Understanding multiple needs for further information on the groups. In this briefing we explore different patterns of progress over people's first year with Fulfilling Lives, what type of support appears to make the most difference and who needs extra help.



90 per cent of beneficiaries experience both mental ill-health and substance misuse

It is possible to work with even the most complex cases

The Fulfilling Lives programme shows it is possible to engage and support people with the most complex needs; those who mainstream services may exclude or refuse to help due to perceived high levels of risk and challenging behaviour. The largest of our beneficiary groups (group 3) comprises those with high levels of need and risk across all issues and who have poor engagement with services.

We know from evidence collected by Fulfilling Lives partnerships that too often people with multiple needs are denied the support they need, labelled as too high risk to work with or seen as making 'life-style choices' to be homeless or self-medicate trauma with substances. 13 per cent of beneficiaries report being excluded from other services because of their behaviour or prior conduct at least once during their first three months with Fulfilling Lives. And while this reduces a little over time, after a year with Fulfilling Lives 10 per cent still report being excluded from services.³

In contrast, Fulfilling Lives projects have excluded just three people since the programme began in 2014 – and two of these returned to work with the programme at a later date.⁴

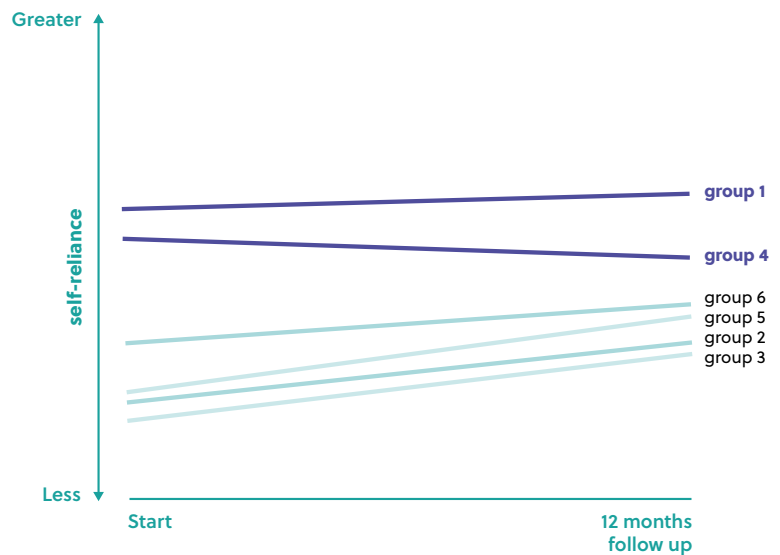
Services need to recognise the psychological needs of beneficiaries and be flexible how they engage with them

Other services should learn from the Fulfilling Lives partnerships' approach, working in a way that recognises the psychological and emotional needs of people who have experienced trauma, and being flexible about how they engage with beneficiaries to manage risks.⁵

Good progress can be made in helping the most chaotic

As well as effectively engaging those with the most complex needs, it is these beneficiaries that make most progress with the programme over the first year or so. Beneficiaries in groups with the highest levels of need (groups 2, 3 and 5) make the most progress in moving toward self-reliance in the first 12 months. But their starting point is lower to begin with and there is still further improvement to be made. Those with less complex needs at the start (beneficiary group 1 and 4) are more likely to make little or no progress.⁶

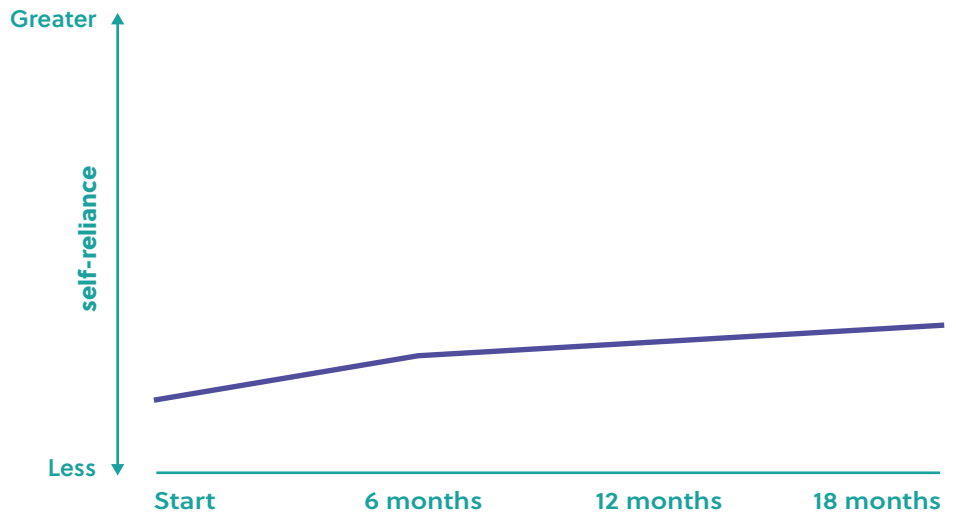
Beneficiary group progress towards greater self-reliance



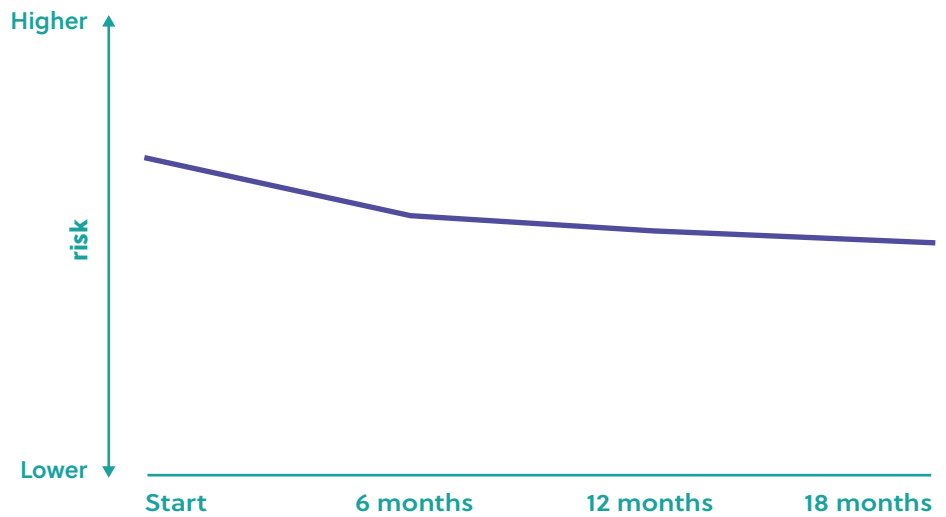
Taking other factors into account, being a member of groups 1 and 4 predicts increased likelihood of a worsening position over the course of the first six months.⁷

The overall pattern for beneficiaries is one of substantial progress in the first six months, followed by more gradual progress thereafter.⁸

Progress towards self-reliance



Progress in reducing risk



These findings suggests that relatively rapid progress can be made in addressing some of the immediate presenting and more superficial aspects of chaotic lives. But tackling other underlying, more complex and entrenched issues, such as poor mental health resulting from trauma, will take longer. Progressing to true self-reliance and a genuinely fulfilling life can be a slow process, with smaller gains made over time.

This is supported by the patterns of service use and support received. As shown in the first briefing in this series, significant reductions are made in use of negative and crisis services (such as presentations at A&E and interactions with the criminal justice system) and in rough sleeping over the first 12 months with Fulfilling Lives. In the early stages of engagement, getting the essentials of accommodation, health and benefits sorted are a priority for partnerships. The support accessed most commonly in people's first months with the programme includes housing advice, seeing a GP and substance misuse support.⁹

Longer-term support is needed to sustain progress



Those who leave for positive reasons stay, on average, with the programme for 14 months

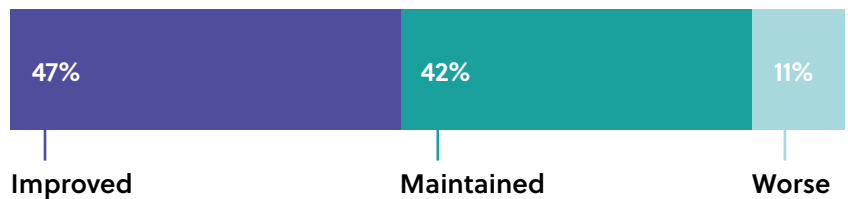
Addressing entrenched, multiple and complex needs is rarely straightforward. Yet some services provide only time-limited support or aim to address complex and entrenched needs within a few months. 35 per cent of those who have left Fulfilling Lives have done so for positive reasons¹⁰ – because they no longer need the support provided or are engaging in support services elsewhere. Those who leave for positive reasons stay, on average, with the programme for 14 months.¹¹ But it can take up to 48 months to achieve a positive move-on. The average length of time on the programme for those who are still engaged is 23 months.¹²

Individual and person-centred support is vital

The overall patterns above hide a great deal of complexity and it is important that services to support people with multiple needs do not expect everyone to progress rapidly or uniformly. While around half of the people working with Fulfilling Lives show overall improvements after 12 months on the programme, over 40 per cent of beneficiaries have made little or no progress and a small proportion have got worse.

While many make progress in the first year, progress is slower for others

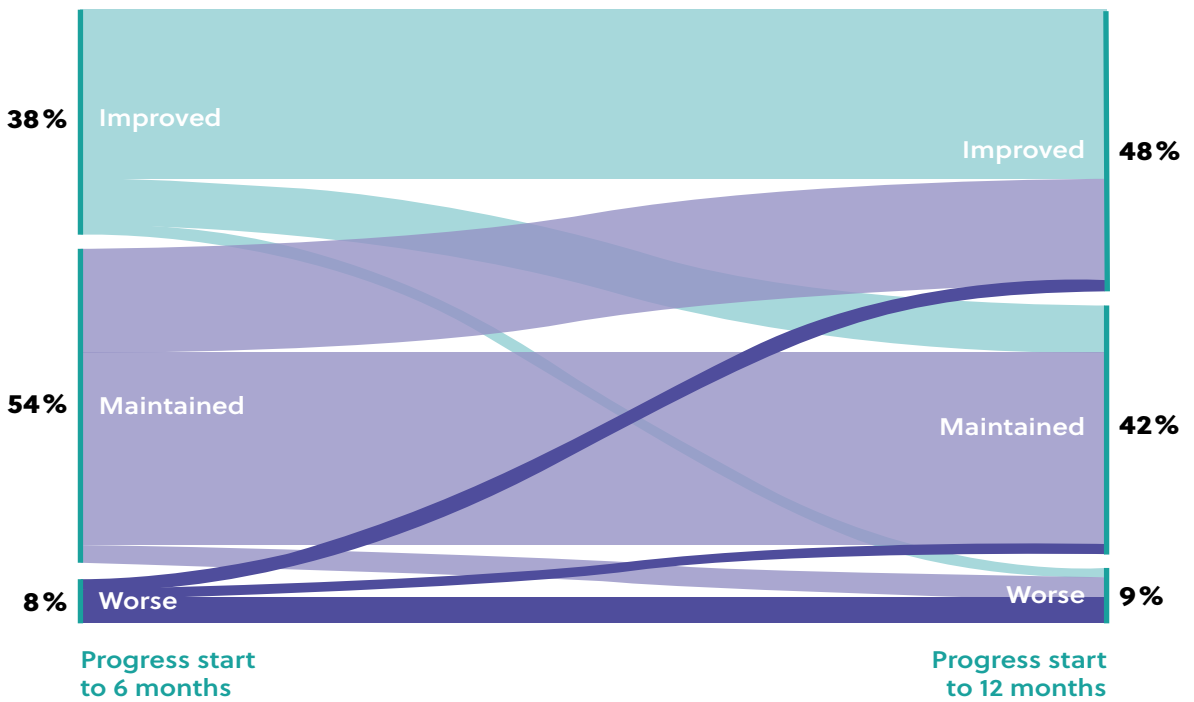
Progress towards self-reliance between start and 12 months¹³



And within these broad patterns, there is further variation – some making initial progress and then regressing, others having a slow start then making progress later on.¹⁴ Some people will clearly take longer to make progress than others – but a slow start does not mean progress is not possible with the right help. It is important that services are persistent. Support services needs to allow for a diverse range of pathways, rather than expecting people to follow a rigid programme of change.

The proportion of people who improve increases over the course of the first year

Progress to self-reliance, start to six months and start to 12 months¹⁵



With three more years of the Fulfilling Lives programme left, the national evaluation team will continue to track progress pathways over the long-term.

Services need to be designed to expect rather than punish relapses

As the evidence above shows, people with multiple needs will face set-backs and lapses in progress. It is essential that services acknowledge and accommodate this reality rather than punishing it through exclusions. 32 per cent of all those who have left the programme dropped-out.¹⁶

Members of beneficiary group 3 – those with high levels of need across all issues and with poor service engagement – are more likely to have a negative destination (such as dropping out, going to prison or even dying) than a positive move-on. Even though this group make progress towards self-reliance (see page 7), they are clearly still vulnerable to set-backs. While, perhaps unsurprisingly, those with less-entrenched needs (group 4) are more likely to leave because they no longer need help from the programme than to have left for a negative reason.¹⁷



When people drop-out of Fulfilling Lives, the door remains open

Those who drop-out of the programme still stay, on average, for 11 months. While some leave much sooner, others have their cases kept open for as long as 46 months.¹⁸ This reflects the fact that Fulfilling Lives partnerships work hard to avoid closing cases. In contrast, some services, such as mental health and drug and alcohol treatment may close cases or exclude people if they fail to keep an appointment.

And when people do drop-out of Fulfilling Lives, the door remains open. 8 per cent of those who left the project subsequently returned.¹⁹ This includes those who dropped out, and also those who left for more positive reasons but, for whatever reason, need to get some additional support.



Women are more likely to leave for negative reasons

Specialist support is needed for women

All other things being equal, women are more likely to be have worsening self-reliance over the first 12 months.²⁰ Being female is also a predictor of increased likelihood of leaving for negative reasons (with men more likely to leave with a positive destination).²¹

This is a real concern because, as we reported in briefing 2, women's needs are as complex as men's and they are more likely to have higher levels of need and risk when joining the programme. While the Fulfilling Lives programme has been successful in engaging substantial numbers of women, their outcomes appear to not be as good as for men on the programme.

Some Fulfilling Lives partnerships are providing specialist support for women but clearly more gender-informed support is needed. The recent National Commission on Domestic and Sexual Violence and Multiple Disadvantage recommended that all women facing multiple disadvantage who have experienced abuse should be able to access appropriate women specific, trauma-informed services as a priority, and that the support provided by initiatives such as Fulfilling Lives should be gender and trauma-informed, and involve women-specific services.²²

Getting help with substance misuse and therapy are linked to progress

Beneficiaries who get support for substance misuse²³ in the first three quarters with the programme are more likely to improve their wellbeing and self-reliance in the same period.²⁴ As well as being better able to tackle problem drinking and/or drug misuse, other areas of people's self-reliance improve too, including physical health and social networks and relationships.

Those who get therapy²⁵ are also more likely to show improvements in their emotional and mental health.²⁶ Getting different types of therapeutic support and on more occasions is also linked to improvements in other areas of self-reliance.

Getting specialist help with substance misuse and mental health are important for making early progress

But people do not always get this type of help

Despite high levels of mental ill-health and substance misuse among the Fulfilling Lives beneficiaries, many are not getting the specialist help they need. While counselling services are linked to progress, these services are used by relatively few people in their first few months with the programme.

Only 17 per cent of those with a mental health need received counselling or therapy in their first three months on the programme.²⁷

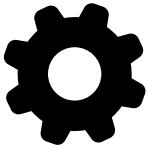
Access to substance misuse support is better – 57 per cent of those with a substance misuse problem get specialist support with this in the first three months. But that is still 43 per cent who are not getting a service that could make a difference to them.²⁸

The barriers to people with multiple needs getting the services they need are many and are well documented by the Fulfilling Lives partnerships. These include:

- poor communication between different service providers and professions
- limited services available and long waiting lists
- lack of understanding of people with multiple needs, resulting in
- inappropriate and inflexible services (such as communicating only by letter to someone with no fixed address).

Those with both mental health and substance misuse problems (and that's most Fulfilling Lives beneficiaries) face particular challenges

People find themselves in a catch-22 dilemma, unable to get a mental health assessment while they are under the influence of drugs or alcohol but not able to get help with their substance misuse due to untreated mental health problems.²⁹



9 per cent of beneficiaries report being refused a service

Another reason people are unable to access services is because they do not meet eligibility criteria – for example, because their needs are judged to be not severe enough. 9 per cent of beneficiaries report being refused access to a service of some kind during their first three months with the programme, because they did not meet eligibility criteria.³⁰ This is potentially an underestimate of the problem as we know that many people will ‘self-exclude’ themselves by not trying to access services that they anticipate will reject them.

Improving access to services is a key priority for Fulfilling Lives partnerships and the national evaluation remit includes exploring what works in improving access to mental health support.

‘Navigators’ can help to connect people to services

Fulfilling Lives keyworkers play a vital role in advocating on behalf of beneficiaries, securing and co-ordinating services on their behalf and supporting people to attend appointments.³¹ This is reflected in the increase in the proportion of people getting support over their first year with the programme. Over the course of their first year with Fulfilling Lives, the proportion of people with a mental health need who have received some form of counselling or therapy has increased to 38 per cent.³² The proportion of those with a substance misuse problem getting services to help with this has increased to 81 per cent.³³

There are similar patterns in other areas. 49 per cent of beneficiaries with a history of reoffending or recent contact with the criminal justice system (such as being arrested) get legal advice and information during the first three months with Fulfilling Lives. This has increased to 76 per cent over the course of the year.³⁴ 69 per cent of those who are homeless when they join the programme get advice and information on housing in the first three quarters. 89 per cent have got this kind of help after a year.³⁵

A key aim of the Fulfilling Lives approach is to work alongside mainstream services to better coordinate the support that people receive.



The proportion of people getting counselling or therapy more than doubles over their first year

Staff build trusting relationships with beneficiaries, advocate on their behalf and help them to engage with the support they need

Many of the Fulfilling Lives partnerships employ keyworkers that focus on securing and coordinating services for beneficiaries – this is known as the navigator model. As we described in our 2017 annual report,³⁶ good engagement with services is a key indicator that beneficiaries may be ready to move on. So, it is perhaps unsurprising that those who are already engaging well with services when they join are least likely to make further progress with Fulfilling Lives – there is relatively little a programme like Fulfilling Lives can do for this group.

Of course, linking beneficiaries with services requires those services to be available and accessible to people with multiple needs in the first place. And too often this is not the case. Hence the focus of Fulfilling Lives on creating systems change. A large proportion of people are still working with Fulfilling Lives – including 400 who joined in 2014 or 2015. A key barrier to moving people on highlighted by partnerships is the lack of appropriately flexible and long-term mainstream services for beneficiaries to move on to.

Conclusions

Fulfilling Lives is clearly meeting an important need in supporting those who, for whatever reason, have not been able to get help from mainstream services. The programme helps many of those most in need to address immediate chaos (getting shelter, benefits sorted and access to a GP) and reduce negative behaviours. Risky behaviour and complex needs need not be a barrier to engaging people and providing support.

But once superficial presenting problems have been addressed, progress slows. The journey to a fulfilling life can be long and at times difficult. The roots of multiple needs for many lie in histories of abuse and neglect – complex trauma that is likely to take years to address. Therefore, it is essential that support is not time-limited, and services accommodate the reality of relapses and disengagement. Some people will take longer to make progress than others, and it is important that people are not ‘written-off’ at the first hurdle.

As we reported in previous briefings, Fulfilling Lives has been effective in engaging women with multiple needs. But more specialised and gender-informed services are needed as women generally are not making as good progress as men.

Specialist help with substance misuse and therapeutic support, including counselling, are linked to making early progress. More needs to be done to help people to access these services and overcome barriers that stop people with multiple needs getting this important help. Programmes like Fulfilling Lives that provide people with the support of a ‘navigator’ or similar, who will advocate on someone’s behalf and offer flexible and personalised support, help people to engage with mainstream services. But if mainstream services are inflexible, inaccessible or inappropriate, this means there is nowhere for those who have benefitted from the help of programmes like Fulfilling Lives to progress on to.

Further information about Fulfilling Lives

The National Lottery Community Fund has invested £112 million over 8 years in local partnerships in 12 areas across England, helping people with multiple needs access more joined-up services tailored to their needs. The programme aims to change lives, change systems and involve beneficiaries. The programme is not a preventative programme, but instead aims to better support those with entrenched needs who are not otherwise engaging with services. The programme uses coproduction to put people with lived experience in the lead and builds on their assets to end the revolving door of disjointed care for adults. The programme also has a strong focus on systems change, so that these new ways of working can become sustainable.

For more information about the Fulfilling Lives programme visit <https://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs> or contact laura.furness@tnlcommunityfund.org.uk

For more information on the evaluation of Fulfilling Lives, including local partnership evaluations, visit www.mcnevaluation.co.uk or contact rachel.moreton@cfe.org.uk

Beneficiary groups

People in more settled accommodation, engaging with services

Group 1

7%

- Less severe needs than other groups, but still with multiple and complex needs
- Need help in particular with emotional and mental health, stress and anxiety
- Better engagement with frontline services
- Re-offending and substance misuse less of a problem
- More likely to have their own tenancy
- Unlikely to be rough sleeping
- Many have problems with literacy
- Less likely to be disabled than other groups
- Slightly more females in this group than other groups
- Slightly more BAME people in this group than others

Rough sleepers with high needs and poor engagement

Group 2

14%

- High levels of need and risk across all issues – including substance misuse and offending
- More likely to be rough-sleeping than other groups
- Many get income from begging
- Poor engagement with frontline services
- Reflective of Fulfilling Lives beneficiaries as a whole in terms of age and gender
- Many have problems with literacy

High need and risk with poor engagement with services

Group 3

35%

- Similar to group 2
- High levels of need and risk across all issues – including substance misuse and offending
- Don't (or don't admit to) begging or getting income from illegal activity
- Variety of accommodation types
- But less likely to be rough-sleeping than group 2
- Reflective of Fulfilling Lives beneficiaries as a whole in terms of age, gender ethnicity and disability
- Less likely to have problems with literacy

Younger people with less entrenched needs

Group 4

10%

- Problems with substance misuse and mental health
- Re-offending less of an issue than other groups (except group 1)
- Better levels of self-reliance, living skills and physical health than other groups
- Variety of accommodation – slightly more likely to be sofa-surfing and less likely to be in supported accommodation than other groups
- Younger age profile than most other groups – over a third are under 30
- Less likely to have problems with literacy

Younger people in hostels with high levels of need and risk

Group 5

10%

- More likely to be in hostels and other temporary accommodation
- High levels of need and risk across most issues
- Get income from illegal sources
- More likely to get income from sex-work than other groups
- Younger age profile than other groups – over 40 per cent are under 30
- Relatively low levels of disability/long-term health conditions

Older people in supported accommodation

Group 6

27%

- High levels of need and risk in relation to drug and alcohol use
- Slightly higher levels of risk from others than other groups
- Offending less of an issue
- More likely to be in supported accommodation
- Older age profile than other groups – over 20 per cent are over 50
- More likely to be disabled or have long-term health conditions than other groups

See briefing 2 in this series Understanding multiple needs, for further information on how we developed the beneficiary groups.

References

1. 52 per cent have four needs and 42 per cent have three needs, n=2,850, see Table 1 in method notes.
2. See Table 2 in method notes.
3. Exclusions from services, n=1,030, see Table 3 in method notes.
4. See Table 4 in method notes.
5. See Moreton, R. Robinson, S. Howe, P. Corley, A. Welford, J. and Roberts, J. (2018) *Fulfilling Lives: Supporting people with multiple needs – Annual report 2017* CFE Research.
6. As measured by the Homelessness Outcomes Star™, see page 4 and Table 5 in method notes.
7. See Table 8 in method notes.
8. Self-reliance is measured by the Homelessness Outcome Star and risk by the NDT assessment. See pages 4–5 and Tables 9 and 10 in method notes.
9. See Table 11 in method notes.
10. Destinations of those who have left, n=2,041, see Table 4 in method notes.
11. Length of time on programme for those who have left to a positive destination, n=742.
12. Length of time on programme for those still on programme, n=1,390.
13. As measured by the Homelessness Outcomes Star™, see page 4 and Table 9 in method notes, n=839.
14. See Tables 12 and 13 in method notes.
15. As measured by the Homelessness Outcomes Star™, see page 4 and Table 12 in method notes, n=726.
16. See Table 4 in method notes.
17. See Table 14 in method notes.
18. Length of time on programme for those who disengaged, n=649.
19. 158 beneficiaries who had left subsequently re-engaged, n=2,041.
20. As measured by the Homelessness Outcomes Star™, see page 4 and Table 8 in method notes.
21. See Table 15 in method notes.
22. National Commission on Domestic and Sexual Violence and Multiple Disadvantage (2019) *Breaking Down the Barriers* Agenda and AVA.
23. Support with substance misuse is defined here as contact with a substance misuse support worker, spending time in detox and/or rehab.
24. As measured by the Homelessness Outcomes Star™, see page 4 and Table 22 in method notes for further information.
25. Therapy encompasses cognitive behavioural therapy, psychotherapy and counselling.
26. As measured by the Homelessness Outcomes Star™, see Table 22 and page 4 in method notes for further information.
27. See Table 16 in method notes.
28. See Table 17 in method notes.
29. Gibbs, N. et al (2016) *Dual diagnosis: Learning from the webinar* CFE Research.
30. See Table 18 in method notes.
31. Moreton, R. Welford, J. Mulla, I. and Robinson, S. (2018) *Promising practice: key findings from local evaluations to date* CFE Research.
32. See Table 16 in method notes.
33. See Table 17 in method notes.
34. See Table 19 in method notes.
35. See Table 20 in method notes.
36. Moreton et al *Annual report 2017*.

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